



General Assembly

February Session, 2000

***Amendment***

LCO No. 3651

Offered by:

REP. GERRATANA, 23rd Dist.

To: Subst. House Bill No. 5529

File No. 372

Cal. No. 304

***"An Act Promoting And Enhancing Behavioral Health  
Services For Children."***

1 Strike out everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. (NEW) (a) The Commissioner of Social Services and the  
4 Commissioner of Children and Families shall develop and administer  
5 an integrated behavioral health service delivery system for children  
6 and youth with serious emotional disturbances who are eligible to  
7 receive services from the HUSKY Plan, Part A or Part B, the HUSKY  
8 Plus program for intensive behavioral health needs or voluntary  
9 services provided through the Department of Children and Families.  
10 All necessary changes to the IV-E, Title XIX and Title XXI state plans  
11 shall be made to maximize federal financial participation.

12 (b) Not later than October 1, 2000, said commissioners shall enter  
13 into a memorandum of understanding for the purpose of the joint  
14 administration of an integrated behavioral health service delivery  
15 system. Such memorandum of understanding shall establish  
16 mechanisms to administer combined funding, establish standards for,

17 and monitor implementation of, the integrated behavioral health  
18 service delivery system and specify that (1) the Department of Social  
19 Services, which is the agency designated as the single state agency for  
20 the administration of the Medicaid program pursuant to Title XIX of  
21 the Social Security Act, manage all Medicaid and HUSKY Plan  
22 modifications, waiver amendments, federal reporting and claims  
23 processing and provide financial management, and (2) the Department  
24 of Children and Families, which is the state agency responsible for  
25 administering and evaluating a comprehensive and integrated state-  
26 wide program of services for children and youth who are seriously  
27 emotionally disturbed, define the services to be included in the  
28 continuum of care and develop state-wide training programs on the  
29 systems of care approach for providers, families and other persons.

30 (c) Not later than October 1, 2000, said commissioners shall  
31 complete the memorandum of understanding, establish fiscal and  
32 programmatic eligibility guidelines, develop fiscal and programmatic  
33 outcome measures and develop a plan to evaluate the administration  
34 of behavioral health services.

35 (d) Said commissioners may commence a project of limited scope  
36 and duration in the state fiscal year commencing July 1, 2000, to  
37 implement the provisions of this section in those locations where the  
38 commissioners determine that services are well-developed and a high  
39 degree of cooperation exists among providers.

40 (e) Said commissioners shall consult with the Commissioner of  
41 Mental Health and Addiction Services and the Commissioner of  
42 Mental Retardation during the development of the integrated  
43 behavioral health service delivery system in order to ensure  
44 coordination of a delivery system of behavioral health services across  
45 the life span of children, youth and adults with behavioral health  
46 needs.

47 (f) The Commissioner of Social Services and the Commissioner of  
48 Children and Families may apply for any federal waivers necessary to

49 implement the provisions of this section.

50 Sec. 2. (NEW) Not later than January 1, 2001, and annually  
51 thereafter, each local system of care shall, within available  
52 appropriations, (1) complete a local needs assessment which shall  
53 include objectives and outcome measures, (2) specify the number of  
54 children requiring behavioral health services, (3) specify the number of  
55 children actually receiving community-based and residential services  
56 and the type and frequency of such services, and (4) complete an  
57 annual self-evaluation process and a review of discharge summaries.  
58 Each local system of care shall submit its local needs assessment to the  
59 Commissioner of Children and Families and the Commissioner of  
60 Social Services. For the purposes of this section, "local system of care"  
61 means community-based organizations that work in teams to deliver  
62 behavioral health services in a manner that assists children and youth  
63 with behavioral health problems and provides their families with  
64 access to the full range of services tailored to the physical, emotional,  
65 social and educational needs of each individual in or near the  
66 communities in which they reside.

67 Sec. 3. Not later than October 1, 2000, the Commissioner of Social  
68 Services and the Commissioner of Children and Families shall submit  
69 a report to the joint standing committees of the General Assembly  
70 having cognizance of matters relating to appropriations and the  
71 budgets of state agencies, human services and public health that  
72 specifies a behavioral health program plan to: (1) Determine the  
73 clinical and functional criteria that will be used to identify those  
74 children and youth in the target population specified in subsection (a)  
75 of section 1 of this act who will receive services from the integrated  
76 behavioral health service delivery system; (2) estimate state and  
77 federal funds for behavioral health services under the HUSKY Plan,  
78 Part A and Part B and Title IV-E according to the criteria to be  
79 developed under subdivision (1) of this section; (3) enhance the local  
80 systems of care established under section 17a-127 of the general  
81 statutes as the primary providers of services under the integrated  
82 behavioral health service delivery system; (4) define and establish lead

83 service agencies to coordinate the local systems of care; (5) contract  
84 with an administrative services organization to provide data and  
85 fiduciary management for the lead service agencies; (6) deliver high  
86 quality care in the least restrictive environment; (7) determine the  
87 feasibility of allowing for a hardship exemption under the provisions  
88 of section 17b-299 of the general statutes for eligible children who meet  
89 the criteria to be developed under subdivision (1) of this section; (8)  
90 determine the feasibility of allowing eligible children whose parents  
91 have a household income which exceeds three hundred per cent of the  
92 federal poverty level to purchase health insurance coverage under the  
93 HUSKY Plan, Part B; (9) develop a strategy for enhancing home and  
94 community-based services in order to allow children and youth in out-  
95 of-home placements to return to their families and communities; (10)  
96 establish mechanisms for the continuous evaluation and quality  
97 improvement of the integrated behavioral health service delivery  
98 system, including periodic evaluation of behavioral health programs  
99 and services and research on child outcomes; (11) establish a program  
100 for training staff and providers regarding the changes in the system of  
101 care principles and structures and in all aspects of the delivery of care  
102 under the integrated behavioral health service delivery system; and  
103 (12) establish procedures for compiling all data and conducting all  
104 needs assessments as are necessary for planning an integrated  
105 behavioral health service delivery system.

106 Sec. 4. Section 17a-1 of the general statutes is repealed and the  
107 following is substituted in lieu thereof:

108 As used in sections 17a-1 to 17a-26, inclusive, as amended, 17a-28 to  
109 17a-49, inclusive, as amended, 17a-127, as amended by this act, and  
110 46b-120:

111 (1) "Commissioner" means the Commissioner of Children and  
112 Families;

113 (2) "Council" means the State Advisory Council on Children and  
114 Families;

- 115 (3) "Department" means the Department of Children and Families;
- 116 (4) "Child" means any person under sixteen years of age;
- 117 (5) "Youth" means any person sixteen to eighteen years of age;
- 118 (6) "Delinquent child" shall have the meaning ascribed thereto in  
119 section 46b-120;
- 120 (7) "Child or youth with mental illness" means a child or youth who  
121 is suffering from one or more mental disorders as defined in the most  
122 recent edition of the American Psychiatric Association's "Diagnostic  
123 and Statistical Manual of Mental Disorders";
- 124 (8) "Child or youth with emotional disturbance" means a child or  
125 youth who has a clinically significant emotional or behavioral  
126 disorder, as determined by a trained mental health professional, that  
127 disrupts the academic or developmental progress, family or  
128 interpersonal relationships of such child or youth or is associated with  
129 present distress or disability or a risk of suffering death, pain or  
130 disability;
- 131 (9) "Individual system of care plan" means a written plan developed  
132 by the Commissioner of Children and Families for a child or youth  
133 who is mentally ill, [or] emotionally disturbed or seriously emotionally  
134 disturbed or who is at placement risk which shall be developed when  
135 such child or youth needs services from at least two public agencies  
136 and which shall be designed to meet the needs of the child or youth  
137 and his family;
- 138 (10) "Family" means a child or youth who is mentally ill, [or]  
139 emotionally disturbed or seriously emotionally disturbed or who is at  
140 placement risk together with (A) one or more biological or adoptive  
141 parents, except for a biological parent whose parental rights have been  
142 terminated, (B) one or more persons to whom legal custody or  
143 guardianship has been given, or (C) one or more adult family members  
144 who have a primary responsibility for providing continuous care to

145 such child or youth;

146 (11) "Child or youth at placement risk" means a mentally ill, [or]  
147 emotionally disturbed or seriously emotionally disturbed child or  
148 youth who is at risk of placement out of his home or is in placement  
149 out of his home for the primary purpose of receiving mental health  
150 treatment;

151 (12) "Parent" means a biological or adoptive parent, except a  
152 biological parent whose parental rights have been terminated; [and]

153 (13) "Guardian" means a person who has a judicially created  
154 relationship between a child and such person which is intended to be  
155 permanent and self-sustaining as evidenced by the transfer to such  
156 person of the following parental rights with respect to the child: (A)  
157 The obligation of care and control; (B) the authority to make major  
158 decisions affecting the child's welfare, including, but not limited to,  
159 consent determinations regarding marriage, enlistment in the armed  
160 forces and major medical, psychiatric or surgical treatment; (C) the  
161 obligation of protection of the child; (D) the obligation to provide  
162 access to education; and (E) custody of the child; and

163 (14) "Serious emotional disturbance" and "seriously emotionally  
164 disturbed" means, with regard to a child or youth, that the child or  
165 youth (A) has a range of diagnosable mental, behavioral or emotional  
166 disorders of sufficient duration to meet diagnostic criteria specified in  
167 the most recent edition of the American Psychiatric Association's  
168 "Diagnostic and Statistical Manual of Mental Disorders" and (B)  
169 exhibits behaviors that substantially interfere with or limit the child's  
170 or youth's ability to function in the family, school or community and  
171 are not a temporary response to a stressful situation.

172 Sec. 5. Section 17a-127 of the general statutes is repealed and the  
173 following is substituted in lieu thereof:

174 (a) The following shall be established for the purposes of  
175 developing and implementing an individual system of care plan:

176 (1) Within available appropriations, a child specific team may be  
177 developed by the family of a child or adolescent at placement risk and  
178 include, but not be limited to, family members, the child or adolescent  
179 if appropriate, clergy, school personnel, representatives of local or  
180 regional agencies providing programs and services for children and  
181 youth, a family advocate, and other community or family  
182 representatives. The team shall designate one member to be the team  
183 coordinator. The team coordinator shall make decisions affecting the  
184 implementation of an individual system of care plan with the consent  
185 of the team, except as otherwise provided by law. If a case manager,  
186 other than the case manager from the Department of Children and  
187 Families, has been assigned to the child and is not designated as the  
188 team coordinator, such case manager shall not make decisions  
189 affecting the implementation of the individual system of care plan  
190 without the consent of the team, except as otherwise provided by law;

191 (2) Within available appropriations, case review committees may be  
192 developed by each regional office of the Department of Children and  
193 Families and shall be comprised of at least three parents of children or  
194 adolescents with mental illness, emotional disturbance or serious  
195 emotional disturbance and representatives of local or regional agencies  
196 and service providers including, but not limited to, the regional  
197 administrator of the office of the Department of Children and Families  
198 or his designee, a superintendent of schools or his designee, a director  
199 of a local children's mental health agency or his designee, the district  
200 director of the district office of the Department of Social Services or his  
201 designee, representatives from the Departments of Mental Retardation  
202 and Mental Health and Addiction Services who are knowledgeable of  
203 the needs of a child or adolescent at placement risk, a representative  
204 from a local housing authority and a representative from the court  
205 system. The functions of the case review committees shall include, but  
206 not be limited to: (A) The determination of whether or not a child or  
207 adolescent meets the definition of a child or adolescent at placement  
208 risk; (B) assisting children or families without a child specific team in  
209 the formation of such a team; and (C) resolution of the development or

210 implementation of an individual system of care plan not developed,  
211 implemented or agreed upon by a child specific team. Such functions  
212 shall be completed in one hundred twenty days or less from the date of  
213 referral to the case review committee. In the event of the need for an  
214 individual system of care plan for a child or adolescent with no  
215 identifiable community, a representative of the child or adolescent  
216 shall make a referral to the state coordinated care committee,  
217 established pursuant to subdivision (3) of this subsection, which shall  
218 designate responsibility for the development of an individual system  
219 of care plan to a case review committee. The case review committee  
220 shall also monitor the implementation of an individual system of care  
221 plan when appropriate. The Department of Children and Families may  
222 assign a system coordinator to each case review committee. The duties  
223 of the system coordinator shall include, but not be limited to,  
224 assistance and consultation to child specific teams and assistance with  
225 the development of case review committees and child specific teams.

226 (3) A coordinated care committee shall be developed by the  
227 Commissioner of Children and Families and shall be comprised of a  
228 parent of a child or adolescent with [serious] mental illness, emotional  
229 disturbance or serious emotional disturbance who is currently serving  
230 or has served on a case review committee, a person who is now or has  
231 been a recipient of services for a child or adolescent at placement risk,  
232 representatives of the Departments of Children and Families,  
233 Education, Mental Health and Addiction Services, Social Services and  
234 Mental Retardation who are knowledgeable of the needs of a child or  
235 adolescent at placement risk, and a representative of the Office of  
236 Protection and Advocacy for Persons with Disabilities who is  
237 knowledgeable of the needs of a child or adolescent at placement risk.

238 (b) The commissioner, in consultation with the coordinated care  
239 committee, shall submit a report on the findings and recommendations  
240 of programs for children and youth at placement risk, including  
241 recommendations for budget options or programmatic changes  
242 necessary to enhance the system of care for such child or youth and his  
243 family, to the joint standing committee and the select committee of the



244 General Assembly having cognizance of matters relating to children,  
245 on or before January 1, 1998, and annually thereafter.

246 (c) The provisions of this section shall not be construed to grant an  
247 entitlement to any child or youth at placement risk to receive  
248 particular services under this section in an individual system of care  
249 plan if such child or youth is not otherwise eligible to receive such  
250 services from any state agency or to receive such services pursuant to  
251 any other provision of law.

252 (d) The Commissioner of Children and Families may adopt  
253 regulations in accordance with chapter 54 for the purpose of  
254 implementing the provisions of this section.

255 Sec. 6. This act shall take effect July 1, 2000."